

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone: _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

- ☐ As of _____, the County has approved your request for payment of the following items needed for your approved
- | <input type="checkbox"/> Welfare to Work | <input type="checkbox"/> Cal-Learn activity or to get a job: |
|--|--|
| Item | Cost |

_____	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____

Total \$ _____

- ☐ The County may continue to pay for work expenses for up to the first 12 months after you have started a job. We will pay only if you need it to keep your job and you cannot get the work expenses paid from somewhere else.

Your payments will be: ☐ Advanced to you ☐ Paid back to you
☐ Paid to the store ☐ Paid to the school ☐ Other:

- ☐ The following items you asked for were not approved for payment:

Item	Item
_____	_____
_____	_____

Here's why:

- ☐ The cost is not necessary because: _____

- ☐ You do not need _____ for your ☐ Welfare to Work ☐ Cal-Learn activity or to get a job because: _____

- ☐ Other:

Rules: These rules apply. You may review them at your welfare office: CalWORKs Implementation Guidelines, Sections VII & XII, Welf. & Inst. Code 11323.2, 11323.4, 11322.9

- ☐ As of _____, the County has denied your request for payment of the following items needed for your approved
- | <input type="checkbox"/> Welfare to Work | <input type="checkbox"/> Cal-Learn activity or to get a job: |
|--|--|
|--|--|

_____	_____
_____	_____
_____	_____

Here's why:

- ☐ You are not in an approved ☐ Welfare to Work ☐ Cal-Learn activity.
- ☐ The cost is not necessary because: _____

- ☐ You do not need these items for your ☐ Welfare to Work ☐ Cal-Learn activity or to get a job because: _____

- ☐ Other:

You can call your Welfare to Work/Cal-Learn worker if you think this notice is wrong.

Rules: These rules apply. You may review them at your welfare office: CalWORKs Implementation Guidelines, Sections VII & XII, Welf. & Inst. Code 11323.2, 11323.4, 11322.9

To Ask For a State Hearing

- ## To Keep Your Same Benefits While You Wait For a Hearing

To Have Your Benefits Cut Now

To Get Help

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

Date: _____